

## CONFLICT OF INTEREST WAIVER FOR OUTSIDE WORK/ACTIVITIES

In accordance with 5 CFR 2635, Outside Work/Activities are permitted to the extent that it does not prevent the employee from devoting their primary interests, talents and energies to the accomplishment of their work for the Bureau of Indian Affairs or create conflict of apparent conflict between the private interests of the employee's official responsibilities.

This form is to be used by government employee's who are requesting approval to perform activities for possible prohibited sources or provide services, which may conflict with their official government duties. For example: professional organizations, boards, committees, such as; Rural Water Council, Hospital Board, Volunteer Fire Department, etc. Please attach plain sheet of paper if more room is needed. *The use of this form does not apply to "Requests to become a candidate for Tribal office" and/or "Requests to serve in elected Tribal positions."*

Employee's Name (Last, First, Initial):	Office Telephone Number:
Position Title, Series, Grade (i.e., Office Automation Clerk, GS-0326-5):	
Region, Agency, Office/Branch, Address (i.e., Rocky Mountain Region, Blackfeet Agency, Branch of Real Estate Services, P. O. Box 880, Browning, MT 59417):	

1. Please describe the activity in which you are requesting approval to participate.
  
  
  
2. Please describe the duties required of this activity?
  
  
  
3. What hours will you be attending meetings? Will these hours conflict with your present regularly scheduled tour of duty?
  
  
  
4. Will you be paid for your services?
  
  
  
5. Will you be appointed to this position or will you have to solicit votes for the right to serve?

6. If you have to solicit votes to serve on this Board/Committee, will you run as a partisan candidate or is this a non-partisan position?

7. Is this Board/Committee regulated in any way by the Bureau of Indian Affairs or DOI? If yes, explain.

8. Is this Board/Committee seeking to obtain contractual or other business or financial relations with the Bureau of Indian Affairs or DOI? If yes, please explain.

9. Is this Board/Committee affected in any way by the performance or non-performance of your official duties? If yes, please explain.

10. Will this Board/Committee have any input into our dealings with the Bureau of Indian Affairs or DOI? If yes, please explain.

11. Do you feel this position is in any way a conflict with you official duties? Please explain.

**I CERTIFY THAT THE STATEMENTS I HAVE MADE ON THIS FORM AND THE ATTACHED STATEMENTS ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

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Signature of Employee

Date

**Supervisor/Recommending Official: Check the appropriate box.**

Recommend approval. No apparent conflict with position duties.

Recommend disapproval based upon apparent conflict with position duties. See attached narrative.

I have reviewed this transaction, as well as the duties of the employee, and cannot make a recommendation based upon the attached narrative.

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Signature of Supervisor

Date

Note: Upon re-election or re-appointment\* to each new term or appointment or upon change of position, this request must be resubmitted to the Ethics Office in order to determine if any conflict of interest or appearance of conflict exists. .

\* professional organizations, boards, committees, such as: Rural Water Council, Hospital Board, Volunteer Fire Dept., etc.